

## **SCL MAP-95**

### **907 KAR 1; 145**

1. Include durable and nondurable medical equipment, devices, controls, appliances or ancillary supplies;
2. Enable an SCL recipient to increase his ability to perform daily living activities or to perceive, control or communicate with the environment;
3. be ordered by a physician and submitted on a MAP-95;
4. Include equipment necessary to the proper functioning of specialized items;
5. Not be available through the department's durable medical equipment, vision, hearing or dental programs;
6. Meet applicable standards of manufacture, design and installation; and
7. Exclude those items which are not of direct medical or remedial benefit to the SCL recipient.

### **907 KAR 1; 155**

**Reimbursement for Specialized medical equipment and supplies shall;**

1. Be a unit of service in which one unit equals one item as provided in Section 4 of this administrative regulation;
2. By a reduction of twenty percent of submitted costs for approved dental services; and
3. Based on the submission of three price estimates of which the lowest shall determine the amount of reimbursement; and
4. Not include furniture, a recreational item; or a leisure item.

### **SCL Manual Transmittal 8**

**Specialized Medical equipment and Supplies:**

1. Procedure code E1399,
2. One (1) unit of service equals one (1) item, service or treatment.

**The procedures regarding the Specialized Medical Equipment and Supplies are as follows:**

**1. The Case Manager or Support Broker shall complete the MAP-95 packet and submit it to the Department of Medicaid Services Division of Long Term Care, This packet shall include:**

- (a) A completed MAP-95;**
- (b) A signed Physician order or Prescription;**
- (c) A detailed description of the product or Service;**
- (d) Three (3) three estimates for the product or service, except for dental**
- (e) Not be available through the department's durable medical equipment, vision, dental or hearing programs**
- (f) Verification of need of the equipment or service may be requested and identified in the Plan of Care.**

**2. Upon approval, letters approving the item/ service will be sent to the Case Manager or Support Broker; and**

**3. After the approved item has been purchased, the following shall be submitted for payment:**

- (a) A copy of the approval letter from DMS;**
- (b) A copy of the MAP-95**
- (c) A completed CMS 1500 using the procedure code E1399 for payment;**
- (d) The receipt for the item purchased.**

## **Examples of supplies and services covered with MAP-95**

**Incontinent supplies (6 months supply)**  
**Nutritional Supplements (6 months supply)**  
**Hearing Aids**  
**Eye Glasses**  
**Bath Chairs/transfer benches**  
**Dentures**

## **Information**

**<http://www.chfs.ky.gov/dms/>**

**DME fee schedule can be found on this site by clicking onto the above website, going to fee and rate schedule and then clicking onto Durable Medical Equipment (DME) fee schedule**

**MAP-95 can be found on the above website, Covered Services, Supports for Community living, Forms, MAP-95**

**<http://www.lrc.ky.gov/kar/907/001/145E.htm>**

**SCL service Regulation**

**<http://www.lrc.ky.gov/kar/907/001/155.htm>**

**SCL payment Regulation**

**Send MAP-95 to;**

**Department of Medicaid Services**  
**275 East Main Street, 6W-B**  
**Frankfort, KY 40621**

**Questions regarding MAP-95 (502) 564-5560**

**Most common reasons request are sent back to the provider.**

- 1. No provider #**
- 2. Illegible Member# or wrong Member #**
- 3. No M.D. order**
- 4. Request for a year supply when we only authorize for 6 months supply for nutritional supplements and incontinent supplies**
- 5. Eye glasses have to include a copy of the prescription**

## **Helpful Hints**

- 1. Put DX code on MAP 95**
- 2. Member number if you have it instead of the social security number #**
- 3. Underline the estimates on the print outs that you include**
- 4. Put all three estimates on same MAP 95**
- 5. If you are requesting several items you can include all items on same MAP form. Please add all cost together giving a total**
- 6. Remember dental is discounted 20%**
- 7. For glasses that are in the \$400-\$500 range another estimate from a different provider will be requested.**
- 8. Please include a short cover letter with the case manager's name and telephone number with the request**
- 9. Justification letters are necessary when the item is something unusual or out of the ordinary such as communication devices or a large request for incontinent supplies**